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ABSTRACT

This report addresses the issue of community utilization of resources for the elderly population. A strategy for channeling resources is presented, including: (1) design of a comprehensive aging services administration and delivery plan based on needs assessment data and a service resource inventory; (2) development of a service agencies network to create an information, referral, and advocacy system; (3) establishment of a life-long learning program with a local university; and (4) the integration of government and community resources. Although geographically specific, this program could serve as a model for other communities to rediscover the value of their elderly citizens. (Author/JAC)

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# CHANNELING A COMMUNITY'S AGING RESOURCES

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Paper presented at the Annual Convention of the Rocky Mountain Psychological Association, Denver, April 1981.

# CHANNELING A COMMUNITY'S AGING RESOURCES

Daniel J. Smith, Ph.D.
University of Montana, 1981

A Paper presented at the
Rocky Mountain Psychological
Association Convention, April,
1981 Denver, Colorado

## Abstract

This presentation addresses the issue of a community's utilization of its resources in service to the elderly population. It presents an overview of a strategy for channeling aging resources developed for Missoula County--a community of 75,000 persons in Western Montana. This strategy is based upon a four-pronged approach to the broad range of social service, health care, educational, economic, and cultural needs of the county's elderly population. The first prong is a comprehensive, three-year aging services administration and delivery plan developed by the Missoula County Council on Aging. Data is presented on a comprehensive needs assessment and a service resource inventory which set realistic planning parameters, allowing the community to maximize its use of federal, state, and local resources. Secondly, the strategy includes the development of an Alliance of Missoula County Aging Programs. This network of twenty-five public and private, non-profit service agencies has generated a creative information and referral system, an advocacy mechanism, and a cooperative services agreement in response to the needs of the county's elderly. The third prong includes the establishment of a life-long learning association at the University of Montana. This association makes accessible the full range of the university's academic, social, and cultural resources to senior citizens. Finally, the strategy includes the integration of resources with the state, regional, and national aging services network. Cooperative linkages with government agencies, the Montana University System, and national associations of elderly persons are central to the success of this channeling process. Concluding remarks address the possibility of utilizing this channeling strategy in other community settings.

> Youth, large, lusty, loving--youth full of grace,
> force, fascination.
> Do you know that old age may come after you with
> equal grace, force, fascination? Walt Whitman

The poet, Walt Whitman, captures an essential insight for those of us developing helping strategies for the elderly--'Be open to the synergistic power of grace, force, and fascination among the older persons with whom we work.'

Erik Erikson has phrased it in another way:

> Only in him who in some way has taken care of things and people and has adapted himself to the triumphs and disappointments adherent to being the originator of others or the generator of products and ideas--only in him may gradually ripen the fruit of /the/ seven stages /of man/. I know no better word for it than ego integrity... Ego integrity...implies an emotional integration which permits participation by followership as well as the acceptance of leadership.*

It seems to me that Whitman and Erikson have given outline to a larger vision of possibilities of working with and for the elderly within our communities. They have suggested a primary relationship of co-responsibility between younger and older persons within a community which does not pre-judge or stifle individuals' development toward ego integrity. Rather, this co-responsible relationship channels a community's resources toward the goal of enhancing the possibility of each individual maximizing his or her human potential within that community.

Today I would like to present an overview of one community's attempt to operationalize that vision through a strategy for channeling aging resources developed for Missoula County, a community of 75,000 persons in Western Montana. This strategy is based upon a four-pronged approach to the broad range of social service, health care, educational, economic, and cultural needs of the county's elderly population. The first prong is a comprehensive three-year aging services administration and delivery plan developed by the Missoula County Council on Aging. A summary of the data is presented on a comprehensive needs assessment and a service resource inventory, which set realistic planning parameters, allowing the community to maximize its use of federal, state, and local resources. Secondly, the strategy includes the development of an Alliance of Missoula County Aging Programs. This network of twenty-five, public and private non-profit service agencies has generated a creative information and referral system, and advocacy mechanism, and a cooperative services agreement in response to the needs of the county's elderly. The third prong includes the establishment of a life-long learning association at the University of Montana. This association makes accessible the full range of the university's academic, social, and cultural resources to senior citizens. Finally, the strategy includes the integration of resources with the state, regional, and federal aging services network. Cooperative linkages with government agencies, the Montana University System, and national associations of elderly persons are central to the success of this channeling process.

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*Erik H. Erikson, "Eight Ages of Man," in Readings in Child Behavior and Development, Celia Stendler Lavatelli and Faith Stendler, eds. (New York: Harcourt Brace Jovanovich, 1972), p. 28.

My concluding remarks address the possibility of developing a new national vision through participation in the process of the 1981 White House Conference on Aging.

Missoula County Council on Aging Plan

The Missoula County Council on Aging undertook the development of a comprehensive, three-year aging services administration and delivery plan in March of 1980. This action followed upon a wide spread concern for the lack of an adequate measurement of the needs of the elderly residing in the community and the absence of an inventory of current services, which had essentially developed by accretion around specific needs. The plan was written to respond to four principal goals: 1) assessment and continued updating of needs parameters, 2) development of a program evaluation system, 3) enhancement of coordination among community social service providers, and 4) achievement of an educational tool for the community. The plan was designed to be revised annually.

Highlights of the needs assessment indicate that Missoula County's population of individuals over sixty increased by 47.8% between 1960 and 1980. The 1980 figure stands at 8,206, or 11.3% of the population. This trend is consistent with the national average. If the trend continues, a potential impact to the overall community exists in terms of medical facilities, transportation systems, public health and welfare systems, etc. Also, the information shows a growing disparity in population between women and men ( from 6% in 1960 to 11% in 1980), which could require the development of specialized services to respond to the needs of women left alone. The poverty figures indicate a large disparity between the overall poverty rate in 1980 of 11.2% and the rate for individuals over 65 of 23%. Since the majority of seniors have a fixed income, their limited alternatives often mean sacrificing one set of basic needs being met for another.

Highlights of the provider survey indicate that 25% of the forty-three agencies surveyed thought they were addressing 75% of the existing need. 18.8% stated they reach out to 50% of those in need, and 12.5% stated they currently address 25% of need. 73.5% of all respondents required additional funding to increase service levels.

The combined results of the needs assessment and the provider survey indicate that the priority problem of Missoula County's elderly has evolved from the impact of inflation. Consequently, the majority of the community's resources are to be directed to services which focus on problems of access to the basic necessities of life. These include problems associated with loneliness and/or isolation, lack of low-rent housing, energy, poor nutrition, home health and home chores services, and transportation.

Additionally, support services which involve coordination and cooperation in the areas of discount programs, tax relief, increases in Social Security benefits, and related legislative issues should become a primary focus of individuals involved in the aging services network over the course of the next three years.

The specific delineation of the plan is beyond the scope of this presentation. Suffice it to say that the plan specifies goals, objectives, action plans, target dates, responsible persons, and measurable results designed to accomplish the Missoula County Council on Aging's program goals for the next three years. The use of such a formal planning process allows the community to maximize its use of federal, state, and local resources. Particularly in today's budget cutting climate, such a planning process has been absolutely essential to the community of Missoula, Montana. I suspect that other communities--urban or rural--are faced with the critical need to operate within such realistic planning parameters.

## Alliance of Missoula County Aging Programs

Beyond the activities of the Missoula County Council on Aging, the strategy for channeling Missoula's aging resources includes the recent exciting development of the Alliance of Missoula County Aging Programs--AMCAP. This network of twenty-five service agencies has generated in the last eight months, 1) an information and referral system, 2) an advocacy mechanism, and 3) a cooperative services agreement in response to the needs of the community's elderly persons. The overriding philosophy of AMCAP has been to develop a flexible, multi-faceted, service delivery system which avoids duplication insofar as possible and engenders cooperative efforts on a wide variety of projects and activities with and for the elderly. The voice of the consumer of aging services now has a responsive forum in which to be heard. It is anticipated that AMCAP will expand its constructive efforts in the next three to five years with only nominal costs devolving upon the larger community.

## University of Montana Life-long Learning Association

The establishment of a Life-long Learning Association at the University of Montana comprises the third dimension of the community channeling process. The overall goal of the Association is to make accessible the full range of the university's academic, social, and cultural resources to the wider community. The first phase of the project focuses on the over-sixty population in Missoula County. To this end, a Community-University Advisory Board has recently been organized. Additionally, an internal administrative and academic process is underway to enhance the experience of participating in the program for seniors. A small pilot group of persons is currently taking advantage of this new process. This includes

persons pursuing graduate and undergraduate degrees, persons taking desired courses for credit or as auditors, persons participating in cultural, athletic, recreational or social events or receiving special services at reduced fees. As the Life-long Learing Association develops, it is envisioned that a type of synergy will become more evident as the elderly students contribute a wealth of experience and wisdom to the younger professors and students alike.

Integration with Other Resources

Finally, the channeling strategy includes the integration of the community of Missoula's resources within the state, regional, and national aging services network. One specific way in which this has recently occurred is through a concerted participation of Missoula's seniors and service providers in the nation-wide preparation process for the upcoming White House Conference on Aging. The Conference will be held in Washington, D.C. in late November and early December of 1981. Approximately 10,000 community, area, state, and regional forums have taken place during the last several months. These forums have provided seniors with an opportunity to articulate their central concerns, to advocate for legislative change, and to assist the federal government in the formulation of aging policy for the next ten years. The efforts of one modest sized Montana community which I have been describing here, hopefully will contribute in proportionate measure, the insight, energy and commitment of its people to this larger national process. As well, it is hoped that the new vision of the American nation will be prominantly marked by the rediscovered value it has accorded its elderly citizens.

# APPENDIX I


TABLE I Population Comparison

TABLE II Population Comparison by Sex

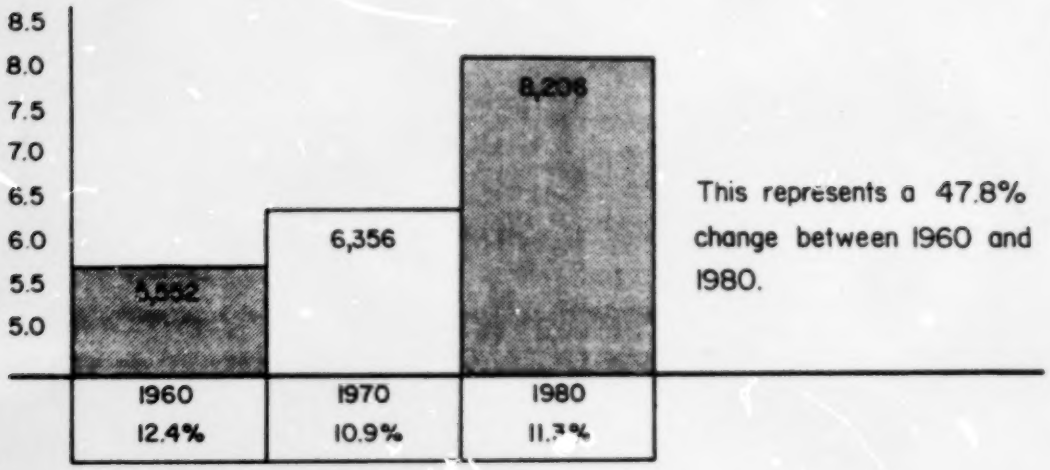
TABLE III Projected Population Distribution

TABLE IV Social Security Beneficiaries

# MISSOULA COUNTY ELDERLY
## 60 YEARS & OLDER

TABLE I

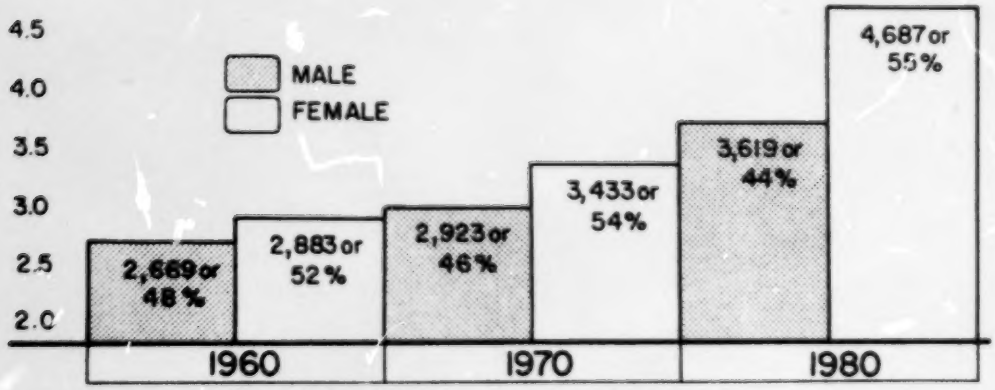
POPULATION COMPARISON




This represents a 47.8% change between 1960 and 1980.

TABLE II

POPULATION COMPARISON OF 60 YEARS AND OLDER BY SEX




(INFORMATION SOURCE: DCA; Montana Graphic Profiles, 1978, U of M; Bureau of Business and Economic Research)

TABLE III

PROJECTED POPULATION DISTRIBUTION BY AGE & SEX FOR: 1980

| AGE GROUP | TOTAL | MALES | FEMALES |
|---|---|---|---|
| 60-64 | 2,597 | 1,197 | 1,400 |
| 65-69 | 2,083 | 943 | 1,140 |
| 70-74 | 1,475 | 653 | 822 |
| 75-79 | 1,024 | 424 | 600 |
| 80-84 | 615 | 244 | 371 |
| 85-89 | 412 | 158 | 254 |
| TOTAL | 8,206 | 3,619 | 4,587 |

Total Projected 1980 Population for Missoula County: 72,500

Total Percentage Projected Elderly Population for 1980: 11.3%

(INFORMATION SOURCE: U of M, Bureau of Business and Economic Research)

TABLE IV

## SOCIAL SECURITY BENEFICIARIES - Missoula County

Beneficiaries by Age Group:

| | End of December 1975 | End of December 1976 |
|---|---|---|
| AGE 65 to 71 | 2,061 | 2,118 |
| AGE 72 & over | 2,648 | 2,734 |
| TOTAL | 4,709 | 4,852 |

Benefits Paid:

| | 1) Benefits Paid End of December 1975 (DOLLARS) | | 2) Benefits Paid End of December 1976 (DOLLARS) | |
|---|---|---|---|---|
| | Year | Monthly Average | Year | Monthly Average |
| Age 65 and Over | $931,023 | $199/mo. | $1,038,535 | $214/mo. |

1) This represents an average annual income from Social Security of $2,388 to the majority of persons 65 and over for 1975.

2) This represents an average annual income from Social Security of $2,568 to the majority of persons 65 and over for 1976.

(INFORMATION SOURCE: Social Security Administration, U.S. Dept. of HEW, Table A (unpublished data).

# APPENDIX II

Provider Survey

Survey Respondents

Senior Citizens Services Inventory

TABLE I Client Characteristics

TABLE II Existing Service Levels

Provider Survey - Problem Identification

# MISSOULA COUNTY

BCC-80-251

May 2, 1980

Dear Social Service Provider:

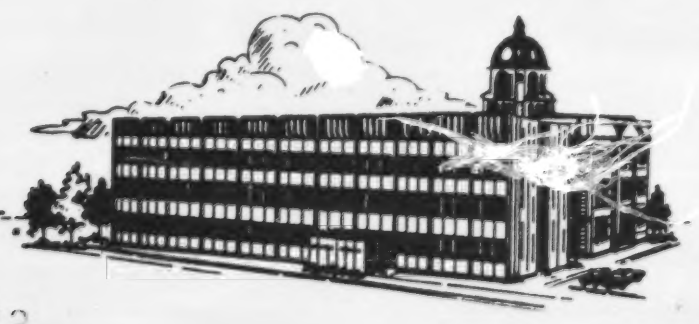
The Missoula County Council on Aging is in the process of developing a three-year comprehensive aging services plan for Missoula County, which will consolidate existing information about the elderly resident of Missoula County in terms of needs, existing resources available, gaps in service delivery, and goals and objectives to be achieved. The method utilized by the Council represents the first phase of the planning process in that recognition is given to the fact the plan will have to be updated annually as new information is available and goals and objectives are achieved.

It is felt this plan will be used by the State, Area Agency on Aging, and the County Council in the allocation of resources directly under their control, and by the local service provider in the development and implementation of services.

The second part of this process will be the updating of the Elderly Service Directory, which will delineate all services presently available to respond to the needs of the elderly. These two documents when completed will be available to all social service agencies, associations, and individuals.

In order to accomplish this ambitious task, we need your assistance, cooperation, and support. We need your assistance in completing the enclosed survey instrument, which will delineate the services you provide to the elderly, the gaps you perceive in services, the priority needs of the elderly, and additional information which you feel will be helpful. We need your cooperation in reviewing the draft plan and attendance at public hearings to discuss the plan. We need your support in terms of achieving our common goal to develop a comprehensive service delivery system for the elderly of Missoula County.

We would appreciate your completing the enclosed provider survey and returning it in the self-addressed envelope by May 23, 1980. If you



have any questions about the planning process, purpose or survey instrument, please don't hesitate to contact John DeVore, Missoula County Council Aging Coordinator at 721-5700, Ext. 467.

Thank you for your cooperation.

John DeVore
MCCOA Coordinator

JD:ll

Enclosure

INSTRUCTIONS FOR

MISSOULA COUNTY COUNCIL ON AGING

PROVIDER SURVEY

SECTION I:

Under this section, please list all the services your agency provides which either impact on or are for senior citizens.

SECTION II:

A. 1. Please list the average number of clients you see each month for each service you provide.

A. 2. Please estimate the number of units of service provided in each service category each month. Example: If you provide transportation, a unit of service would be one trip. This would then be presented in terms of How Many Total Trips you provide in an average month.

A. 3& 4. These questions relate to the types and kinds of reports your agency generates.

A. 5, Under the income component, please estimate the number of low income seniors served using the CSA poverty guidelines:

| Family Size | 100% Non-Farm | 100% Farm |
|---|---|---|
| 1 | 5,400 | 2,910 |
| 2 | 4,500 | 3,840 |
| 3 | 5,600 | 4,770 |
| 4 | 6,700 | 5,700 |
| 5 | 7,800 | 6,630 |
| 6 | 8,900 | 7,560 |

This can be based on actual information, if available, or your best estimate.

The balance of the survey is self-explanatory. However, if you have any questions, please don't hesitate to call John DeVore at 721-5700 Ext. 467.

Please return the questionaire to: John DeVore
Missoula County Courthouse Annex
Missoula, Montana 59801

by May 23, 1980. A self-addressed envelope is provided.

Thank you.

MISSOULA COUNTY COUNCIL ON AGING
PROVIDER SURVEY
LONG-RANGE PLANNING FOR THE ELDERLY
OF MISSOULA COUNTY

SECTION 1: Agency Information

Agency Name: _____
Address: _____
_____

Telephone: _____

Director: _____
Contact Person: _____

Hours of Operation: _____

Other Location, or Sites Services are Rendered: _____
_____
_____
_____
_____

1. What types of services does your agency provide to persons age 60 and over within Missoula County?

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

2. Are these services available in your office, in the client's home, or other?

_____
_____
_____
_____
_____
_____
_____
_____
_____

SECTION II: Client Characteristics

A. Number of clients and units of service.

1. On the average, what is the estimated number of clients 60 years and older served in each category in a month?

2. On the average, what is the estimated number of units of service provided in each service category in a month?

3. Does your agency currently maintain client records?

If yes;
are they intake only _____
are they on going service records _____
are they referral and follow-up records_____

4. Does your agency currently have a system for generating monthly reports of:
Number of clients served _____
Number of units of service provided _____
Cost of service provided _____
No monthly reports _____

5. What are the characteristics of elderly persons served in the program in an average month?

a. Race:

| | Number Served |
|---|---|
| White | _____ |
| Black | _____ |
| Spanish Surname | _____ |
| Native American | _____ |
| Asian | _____ |
| Other | _____ |
| Total | _____ |

b. Age:

| | |
|---|---|
| 55-60 | _____ |
| 60-65 | _____ |
| 65-70 | _____ |
| 70-75 | _____ |
| 75-80 | _____ |
| 80-85 | _____ |
| 85 & over | _____ |
| Total | _____ |

c. Income:

| | |
|---|---|
| Below poverty level | _____ |
| Above poverty - but inadequate | _____ |
| Adequate Resources | _____ |
| Total | _____ |

SECTION III: - Service Capacity -

1. How many inquiries for each of your services would you estimate your agency receives in an average month?

| SERVICE | NUMBER |
|---|---|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

2. How many new applications for each of your services does your agency process in an average month?

| SERVICE | NUMBER |
|---|---|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

3. How many new clients are accepted for each of your services in an average month? (Unduplicated census)

| SERVICE | NUMBER |
|---|---|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

4. Do you have to turn down a request for service because you are operating at full capacity?

5. Approximately, how much of the existing need for your services in relation to persons 60 and older, do you feel your service fulfills?

| | | |
|---|---|---|
| 100% ____ | 50% ____ | 10% ____ |
| 75% ____ | 25% ____ | 5% ____ |

6. If you decided to increase your current service delivery capability for clients 60 and older, which of the following would you need?

Additional physical facilities ____
Additional service delivery staff ____
Additional supervisor staff ____
Additional Capital equipment ____
Additional funding ____
Additional volunteers ____
Additional clients ____
Additional transportation ____

SECTION IV: Elderly Service Needs

1. What gaps do you perceive in the overall services in Missoula County, in relation to persons 60 and over?

2. Please list (in order of importance) up to ten of the greatest problems which persons 60 and over in Missoula County have <u>at the present time</u>.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

3. Is there an existing document, report, or plan which provides data about the above-mentioned problems? (Please list in order so that the first line corresponds to problem #1, question #1)

1. YES ____ NO ____ TITLE: _____
2. YES ____ NO ____ TITLE: _____
3. YES ____ NO ____ TITLE: _____
4. YES ____ NO ____ TITLE: _____
5. YES ____ NO ____ TITLE: _____
6. YES ____ NO ____ TITLE: _____
7. YES ____ NO ____ TITLE: _____
8. YES ____ NO ____ TITLE: _____
9. YES ____ NO ____ TITLE: _____
10. YES ____ NO ____ TITLE: _____

4. What solution do you think would be the most feasible for these problems. (Please continue to list in order)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

5. For each solution above, what major assets, (funding sources, organizations, programs, resources), should or could be used?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

6. What legal, programmatic, or organizational barriers may impede the above solutions?

7. Please list any documents, reports, or plans that may provide discussion or data concerning your answers. If the data is not available, please state that fact.

_____

8. What kinds of training or education program regarding the elderly should be either changed or implemented?

_____
_____
_____
_____
_____
_____
_____

9. How should the training or education program be implemented?

10. Would you or anyone from your agency be willing to participate in a planning committee that would develop priorities and plans based upon the information provided through this and other questionaires.

YES _____ NO _____

11. Any other comments:

MISSOULA COUNTY COUNCIL ON AGING

Survey Respondents

NURSING HOMES

Community Nursing & Rehabilitation Facility
Hillside Manor Nursing Home
Wayside Nursing Home
Missoula Manor Home
Royal Manor Nursing Home

REST HOMES

Daly Addition Rest Home
Flor Haven Rest Home
Lee Rae Rest Home
Maplewood Manor
Overlook Home
Clark Fork Manor

HOSPITALS

Missoula Community Hospital
Missoula General Hospital
St. Patrick Hospital

MENTAL HEALTH, ALCOHOL AND DRUG SERVICES

Regional Chemical Dependency Program
Melvin Johnson Center
Western Montana Regional Community Mental Health Center

SOCIAL SERVICE AGENCIES

Qua Qui Corporation
Missoula Rehabilitation Center
SRS - District Office Social Services
Information and Referral
Missoula Senior Citizens Center
Missoula Nutrition Project
YWCA
Social Security Administration
Poverello Center
Missoula Advocacy Program
Western Montana Radio Reading Service
American Red Cross
Missoula County Welfare Department
Montana Legal Services Association
Institute of the Rockies
District XI Human Resource Council
Mountain Van
Missoula Housing Authority
Missoula City/County Health Dept.
Green Thumb, Inc.
Dept. of Social Work, Univ. of MT
Foster Grandparents Program
Easter Seal-Goodwill Industries
Retired Senior Citizens Program

MISSOULA COUNTY

Senior Citizens Service Inventory

ACCESS SERVICES

Information and Referral
Demand Responsive Transportation
Outreach Services
Escort Service
Advocacy

IN-HOME SERVICES

Home Health
Health Screening
Home Chores
Homemaker
Shopping Assistance
Home-Delivered Meals

COMMUNITY SERVICES

Mental Health Counseling
Substance Abuse Counseling
Physical Therapy
Occupational Therapy
Speech Pathology
Audiology
Psychotherapy
Congregate Meals
RSVP
Foster Grandparents
Women in Transition
Battered Women's Shelter
Legal Services
Consumer Education
Hospice
Special Cultural Activities
Arts and Crafts
Recreation

INSTITUTIONAL SERVICES

Skilled Nursing Care
Intermediate/Custodial Care
Boarding Homes

HOUSING

Weatherization
Fuel Assistance
Section 8 Rent Subsidy
Public Housing (Planning Stage)

EMPLOYMENT

Sheltered Employment Workshop
Green Thumb

SOURCE: Missoula County Council on Aging, Provider Survey, Summer 1980.

TABLE I

## MISSOULA COUNTY CLIENT CHARACTERISTICS - Monthly Average

| AGENCY | | RACE W | BI | SS | NA | A | O | TOTAL | AGE 55-60 | 60-65 | 65-70 | 70-75 | 75-80 | 80-85 | 85+ | TOTAL | INCOME Below Poverty Level | Above Poverty Level, but Inadequate | Adequate Resources | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nursing Homes | # | 395 | -- | 1 | 5 | -- | -- | 401 | 6 | 7 | 15 | 39 | 84 | 75 | 97 | 323 | 110 | 73 | 100 | 283 |
| | % | 98.5 | -- | 0.25 | 1.25 | -- | -- | 100% | 1.86 | 2.17 | 4.64 | 12.07 | 26.01 | 23.22 | 30.03 | 100% | 38.87 | 25.79 | 35.34 | 100% |
| Rest Homes | # | 211 | -- | 1 | 1 | -- | -- | 213 | 4 | 12 | 2 | 10 | 14 | 11 | 15 | 68 | 19 | 167 | -- | 186 |
| | % | 99.06 | -- | 0.47 | 0.47 | -- | -- | 100% | 5.88 | 17.65 | 2.94 | 14.7 | 20.59 | 16.18 | 22.06 | 100% | 10.22 | 89.78 | -- | 100% |
| Hospitals | # | 202 | 1 | 7 | 10 | 4 | 3 | 227 | 3 | 13 | 15 | 10 | 8 | 8 | 7 | 64 | 75 | 37.5 | 37.5 | 150 |
| | % | 88.99 | .44 | 3.08 | 4.41 | 1.76 | 1.32 | 100% | 4.69 | 20.31 | 23.44 | 15.63 | 12.5 | 12.5 | 10.97 | 100% | 50 | 25 | 25 | 100% |
| Alcohol / Drug | # | 10.66 | -- | -- | 05 | -- | -- | 11.16 | 13.33 | 4.67 | 4 | -- | -- | -- | -- | 22 | 3.16 | 3.66 | 2.33 | 9.15 |
| | % | 95.52 | -- | -- | 4.48 | -- | -- | 100% | 60.59 | 21.23 | 18.18 | -- | -- | -- | -- | 100% | 34.54 | 40 | 25.46 | 100% |
| Other Social Services | # | 2593 | 4.5 | 21 | 32 | 7.5 | 2 | 2660 | 268 | 593 | 574 | 370 | 266 | 154 | 149 | 2374 | 716.1 | 1251.8 | 453.1 | 2421 |
| | % | 97.48 | 0.17 | 0.79 | 1.2 | 0.28 | 0.08 | 100% | 11.29 | 24.98 | 24.18 | 15.59 | 11.20 | 6.49 | 6.28 | 100% | 29.58 | 51.71 | 18.72 | 100% |
| All Agencies | # | 3411.66 | 5.5 | 30 | 48.5 | 11.5 | 5 | 3512.16 | 294.33 | 629.67 | 610 | 419 | 372 | 248 | 268 | 2851 | 923.26 | 1532.96 | 592.93 | 3049.15 |
| | % | 97.14 | 0.16 | 0.85 | 1.38 | 0.33 | 0.14 | 100% | 10.32 | 22.09 | 21.4 | 15.05 | 13.05 | 8.7 | 9.4 | 100% | 30.28 | 50.27 | 19.45 | 100% |

(INFORMATION SOURCE: MISSOULA COUNTY COUNCIL ON AGING, PROVIDER SURVEY, SUMMER, 1980)

BLE II

SSOULA COUNTY

ISTING LEVEL OF NEED ADDRESSED AND
RESOURCES REQUIRED TO INCREASE SERVICE CAPABILITY

| ENCY | How much need do services fulfill 100% | 75% | 50% | 25% | 10% | 5% | Add. Phys. Fac. | Add. Serv. Delivery Staff | Add. Supp. Staff | Add. Cap. Equip. | Add. Funding | Add. Vol. | Add Clients | Add Transp. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| RSING OMES | 3<br>75% | -- | 1<br>25% | -- | -- | -- | 3 | 1 | 1 | 2 | 1 | 1 | 2 | 1 |
| ST OMES | 4<br>80% | 1<br>20% | -- | -- | -- | -- | 3 | 3 | -- | 2 | 5 | 1 | 4 | 2 |
| SPITALS | -- | 3<br>100% | -- | -- | -- | -- | -- | 1 | -- | -- | 1 | 1 | -- | -- |
| COHOL/ DRUG | 1<br>33.33% | -- | -- | -- | -- | 2<br>66.66% | 1 | 1 | 1 | 1 | 1 | 1 | 3 | 1 |
| HER SOCIAL SERVICES | 1<br>5.88% | 4<br>23.53% | 5<br>29.41% | 4<br>23.53% | 2<br>11.76% | 1<br>5.88% | 8 | 11 | 5 | 7 | 17 | 7 | 7 | 6 |
| L # | 9<br>28.13% | 8<br>25% | 6<br>18.75% | 4<br>12.5% | 2<br>6.25% | 3<br>9.38% | 15<br>44.12% | 17<br>50% | 7<br>20.59% | 12<br>35.29% | 25<br>73.53% | 11<br>32.35% | 16<br>47.06% | 10<br>29.41% |
| | 32 Agencies Responded | | | | | | 34 Agencies Responded to this Question | | | | | | | |

(INFORMATION SOURCE: Missoula County Council on Aging, Provider Survey, Summer 1980)

PROVIDER SURVEY - PROBLEM IDENTIFICATION

FREQUENCY OF RESPONSES

| Needs/Problems | Nursing Homes | Rest Homes | Hospitals | Alcohol Drug Treat. | Other Social Services | TOTAL |
|---|---|---|---|---|---|---|
| Transportation | 1 | 1 | 1 | | 10 | 13 |
| Inaccessibie transportation & community and commercial facilities for the handicapped/architectural barriers | | | | | 2 | 2 |
| Legal advice | 1 | | | | 1 | 2 |
| Consumer problems | | | | | 1 | 1 |
| Crime | | | | | 1 | 1 |
| Finances/inflation/high cost of living | 2 | 4 | 3 | 1 | 11 | 21 |
| High cost of ambulance services | | 1 | | | | 1 |
| High cost of medical expenses & insurance/ better insurance coverage needed | | 1 | | | 7 | 8 |
| Utilities/energy expenses | | | | | 4 | 4 |
| Those who fall in an income bracket where they are too "rich" for some services, yet too "poor" for others | | | 2 | | | 2 |
| Health care by trained geriatric personnel | 1 | | | | 2 | 3 |
| Health care clinics for prevention of illness | | | 1 | | 1 | 2 |
| Social workers, general public nurses/ additional personnel | 1 | | | | 1 | 2 |
| Limited Medicare coverage | | | | | 2 | 2 |
| Reduced Medicaid coverage | | | | | 2 | 2 |
| Medical services in general | | | | | 1 | 1 |
| Mental health education (outreach) | | | | 1 | | 1 |
| Chemical dependency education (outreach) | | | | 1 | | 1 |
| Physical health programs - encourage physical activity | | | | 1 | | 1 |

| Needs/Problems | Nursing Homes | Rest Homes | Hospitals | Alcohol Drug Treat. | Other Social Services | TOTA |
|---|---|---|---|---|---|---|
| Unavailability of health services to minorities with shorter life expectancies | | | | | 1 | 1 |
| Poor nutrition | | | | | 3 | 3 |
| Respite care for relief of family members | | | | | 1 | 1 |
| Medical problems & related paperwork | | | | | 1 | 1 |
| Medical staff lacks knowledge--Medicare, Medicaid | 1 | | | | | 1 |
| Lack of understanding of Govt. programs e.g. Soc. Sec., Medicare, & lack of knowledge of agencies that can help | 1 | | 1 | | 1 | 3 |
| Complicated bureaucratic processes | | | | | 1 | 1 |
| Lack of knowledge of services offered in nursing homes, foster homes & personal care homes | 1 | | | | | 1 |
| Patients being put into facilities where it is not necessary e.g. being put into a nursing home | | 1 | | | | 1 |
| Inappropriate criteria for determining levels of care for nursing home patients | 1 | | | | | 1 |
| Lack of coordination between nursing homes and the community at large--need for public relations | 1 | | | | | 1 |
| Homemaker services | | | | | 1 | 1 |
| Home chores | 1 | | | | 2 | 3 |
| Home health care | | | 2 | | 3 | 5 |
| Security | 1 | | | | | 1 |
| Loneliness/isolation | 1 | 2 | 2 | | | 5 |
| Lack of visits from family/ family support | 1 | | | | 2 | 3 |
| Advocacy program for the elderly/ need for a friend | | 1 | | | 1 | 2 |

| Needs/Problems | Nursing Homes | Rest Homes | Hospitals | Alcohol Drug Treat. | Other Social Services | TOTAL |
|---|---|---|---|---|---|---|
| Lack of interest or pride in personal appearance | | 1 | | | 1 | 2 |
| To be recognized as capable and to be needed | | | | | 3 | 3 |
| Isolation from other members of cultural group e.g. Native Americans | | | | | 1 | 1 |
| Lack of social centers attractive to all segments of the population | | | | | 3 | 3 |
| Adequate leisure time activities | | | | | 2 | 2 |
| Inadequate housing | | 2 | | | 3 | 5 |
| Scarcity of low-rent housing | | | | | 6 | 6 |
| Help for homemakers who want no government or welfare support | | | | | 1 | 1 |
| Housing assistance to remain in private home | | | | | 1 | 1 |
| Lack of training | | | | | 1 | 1 |
| Limited employment opportunities | | | | | 2 | 2 |
| Funding/increased legislation | | 2 | | | 2 | 4 |
| Organized politically active group of elderly | | | | | 1 | 1 |

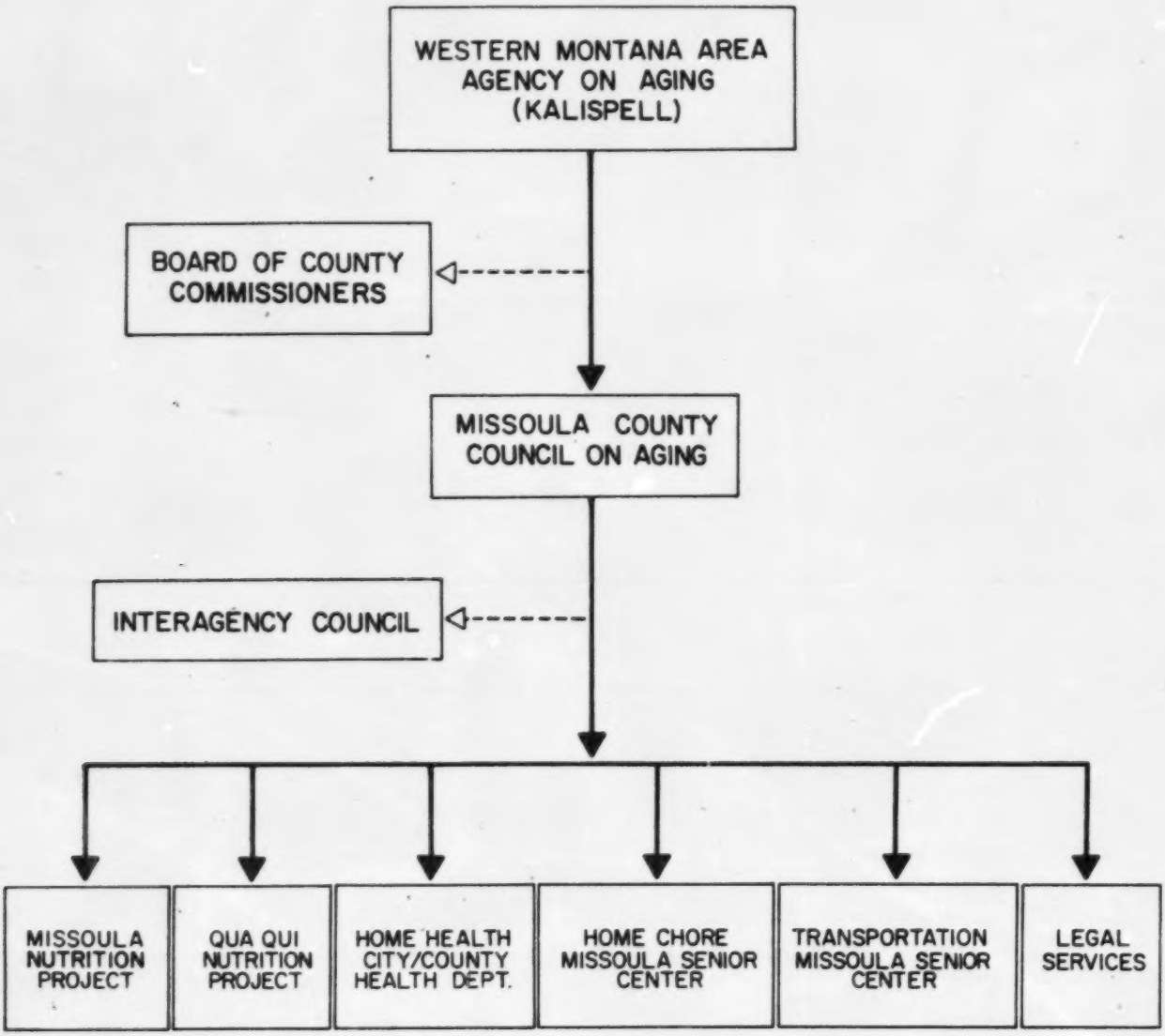
SOURCE: Missoula County Council on Aging, Provider Survey, Summer 1980.

# APPENDIX III

Aging Programs

Organizational Chart

## OLDER AMERICANS ACT FUNDS- Flow Chart at Local Level


WESTERN MONTANA AREA AGENCY ON AGING (KALISPELL)
BOARD OF COUNTY COMMISSIONERS
MISSOULA COUNTY COUNCIL ON AGING
INTERAGENCY COUNCIL
MISSOULA NUTRITION PROJECT
QUA QUI NUTRITION PROJECT
HOME HEALTH CITY/COUNTY HEALTH DEPT.
HOME CHORE MISSOULA SENIOR CENTER
TRANSPORTATION MISSOULA SENIOR CENTER
LEGAL SERVICES

## OLDER AMERICANS ACT FUNDS - Flow Chart